



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Trade and Consumer Protection

Mail to: WDATCP, Lockbox 178, Milwaukee, WI 53293-0178

Phone: (608) 224-4942 Email: DATCPWeightsAndMeasures@wisconsin.gov

FEE: \$50.00

FOR OFFICE USE ONLY

ACCT 272-115-1000-S1-100R-7636

DATE ISSUED:

CERT NUMBER:

DATE RECEIVED:

TANK SYSTEM INSPECTOR CERTIFICATION APPLICATION

Wis. Stats. [§§101 and 168](#) Wis. Admin. Code [§ATCP 93.240](#) Wis. Admin. Code [§SPS 305.68](#)

Your application will not be processed or will be delayed unless you:

- ☐ 1. Complete the application including signing and dating the acknowledgement.
- ☐ 2. Submit your social security number on the social security number request form
- ☐ 3. Attach any specified documents listed on this application.
- ☐ 4. Attach the specified fee listed on this application.

NOTE: It is recommended that you make a photocopy of the completed application for your records.

APPLICANT INFORMATION

NAME OF APPLICANT (first, middle, last)			YEAR OF BIRTH
STREET ADDRESS OR PO BOX	CITY	STATE	ZIP + 4 CODE
EMAIL ADDRESS (if available)	PHONE (including area code) () -	CELL PHONE: () -	
NAME OF TANK SYSTEM SPECIALTY FIRM YOU OPERATE OR WORK FOR:		DATCP TANK SPECIALTY FIRM (you operate or work for) REGISTRATION NUMBER:	

ARE YOU A VETERAN requesting a waiver of your initial certification fee?

- ☐ Yes Provide a copy of your Department of Veterans Affairs voucher code.
DVA Voucher Code: _____ Your application fee of \$50 will be waived.
You may contact DVA at 1-800-WisVets or www.WisVets.com for assistance in obtaining your DVA Voucher Code.
- ☐ No Submit the fee of \$50.

FEE CALCULATOR

Certification Fee	\$50.00
Total to Remit Now	\$50.00

REMIT PAYMENT

Make check payable to WDATCP

and return with this completed and signed form to:
WDATCP
PO Box Lockbox 178
Milwaukee, WI 53293-0178

Mail the Social Security number form to:

[Social Security Number Form](#)

DATCP – TCP
CONFIDENTIAL
ATT: Petroleum Certification
PO Box 7837
Madison, WI 53707-7937

RESPONSIBILITIES OF CERTIFICATION

A person who inspects tank systems as a certified tank system inspector shall:

- Perform regulatory enforcement of related code requirements in chs. [ATCP 93](#) and [SPS 305](#)
- Issue non-compliance or violation-correction orders and conduct follow-up inspections as necessary to verify correction.
- Pursue failure to comply with correction orders through local or department enforcement referral procedures.
- Maintain a record of the inspections made including the dates and the findings of the inspections
- Provide a copy of the inspection report to the owner of the tank system owner or his or her agent
- Make available to the department upon request his or her tank system inspection records

Education Hours Required To Renew

A certification as a Tank System Inspector expires 2 years after the date of issuance. The renewal of a certification as a Tank System Inspector shall be contingent upon the installer obtaining at least 12 hours of acceptable continuing education prior to the expiration date of their certification.

ACKNOWLEDGEMENT

By signing below, the applicant certifies that all information provided on this application is true, accurate and that the certification requirements are met.

Notice: Information including personally identifiable information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purpose, other secondary purposes and purposes other than that for which it was originally collected. (*sec. 15.04(1)(m), Wis. Stats.*). The Department may also provide this information to requesters pursuant to Wisconsin's open records law, *ss19.31-19.39, Wis. Stats.* Social security numbers are required when individuals apply for a license according to Wisconsin Stats., but they may not be disclosed to anyone except other State of Wisconsin governmental agencies and must be held confidential. Social security numbers are not to be entered on this form.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)